

HEALTH CARE SERVICES IN KENT COUNTY

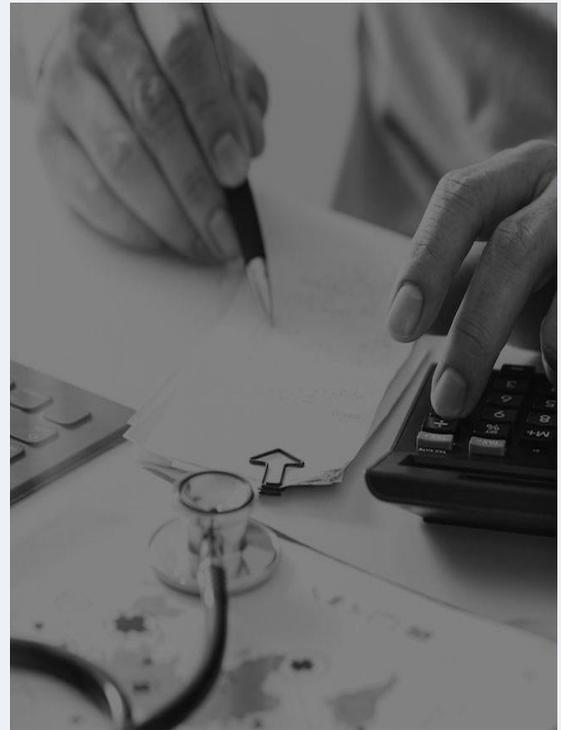


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Summary

This project came about following the announcement by the Higgs government and the province's health networks to close emergency rooms overnight at six rural hospitals in New Brunswick, including the Stella-Maris-de-Kent Hospital (SMKH) in Sainte-Anne-de-Kent. For the region's residents, this decision was simply unacceptable and ill-considered. Access to health services is already difficult in Kent County. The region posts lower averages than the rest of the province in terms of education and socio-economic status. It is also home to an aging and rural population. We began by taking stock of existing health services to see what is currently available in



Kent County. The types of care provided, the number of health professionals and the frequency of services were examined. We then looked at the services that could be developed in our region to better meet the community's needs. Two supporting documents corroborate our recommendations to develop a satellite hemodialysis clinic and a satellite chemotherapy clinic at the SMKH for patients in the region. We also consulted with 20 or so health care professionals to get their views on the current health care situation in Kent County. Strengths, challenges and missing opportunities were identified. We are also aware of the importance of involving the community in the process. Hence, this report recommends a few methods of public consultation to engage residents in this initiative. Covid-19 restrictions have been taken into consideration. Finally, we have adopted a set of primary health care standards to guide the next steps of the project. The standards are based on people-centred care and quality dimensions. Residents, patients and families are at the heart of these principles.

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Introduction

The following report was completed as part of a practicum in the Master of Health Services Management program at the Université de Moncton in cooperation with the Kent Regional Services Commission. The report presents the work done by the student in the spring and summer of 2020.

Mandate and Objectives

In February 2020, the Vitalité and Horizon health networks, along with the provincial government, announced the closure of emergency rooms overnight in six rural New Brunswick hospitals¹, three belonging to Horizon and three to Vitalité. The Stella-Marie-de-Kent Hospital (SMKH) was one of the three Vitalité hospitals. Following the announcement, the region's leaders met to devise a strategy to oppose the decision, which was taken without consulting the affected communities. In mid-February 2020, the Premier announced the cancellation of the planned reform and offered to hold public consultations in the affected communities, as well as a health summit to discuss major issues in the health sector. Despite the announcement, the Kent community rallied on February 17 to demonstrate that closing its emergency room was not an option the provincial government should consider. More than 200 people gathered to show their solidarity with the care and services they receive at the SMKH. A committee

¹ Radio-Canada. (2020, February 11). *Le gouvernement Higgs confirme la fermeture des urgences la nuit dans six hôpitaux*. [The Higgs government confirms the closure of emergency rooms overnight in six hospitals] Radio-Canada. <https://ici.radio-canada.ca/nouvelle/1516539/gouvernement-fermeture-urgences-nuit-hopitaux-services-sante>

was subsequently formed and its members decided to focus on all health services offered in Kent County rather than just emergency services. Then came the idea of approaching the Université de Moncton to find a student who could begin developing the project.

Once that was decided, six objectives were defined to guide the student's work, as follows:

1. Present a picture of all the health services offered in the Kent region in order to better understand what is currently available. This includes services offered by the regional health authorities, the various government departments and First Nations, as well as agreements with public and private partners like Medavie Health Services New Brunswick.
2. Collect data on such things as the number of Kent region patients who travel to urban health facilities to receive specialized care, including the Dr. Georges-L.-Dumont University Hospital Centre, the Moncton Hospital and the Miramichi Regional Hospital.
3. **A.** Conduct interviews with health care professionals to gain a picture of the health care situation in the Kent region from the practitioners' perspective.
B. Present a picture of the human resources working in Kent County health care institutions by determining the number of health care professionals who will be eligible to retire in the next five to 10 years.
4. Develop public consultation tools for the Kent Regional Services Commission (KRSC) and the health committee so they can consult the community on health needs. These tools are intended to facilitate the gathering of ideas and feedback from the region's residents. A questionnaire will have to be prepared and will be included with the tools to facilitate data collection.
5. Present a picture of the spaces currently used in the health care institutions across the region for service delivery. Demonstrate the feasibility of adding services in those spaces, how much square footage or other equipment would be required to accommodate other services, and whether existing spaces are being used effectively and efficiently.
6. Conduct research on different models of health care delivery in rural areas. Propose recommendations to the health committee and the KRSC on best practices in health care delivery, prevention and health promotion that could be implemented locally. Demonstrate how health care in the Kent region has evolved and whether the original

mission and vision of the founders of the facilities are still reflected today in the delivery of care to residents.

Background

The Stella-Maris-de-Kent Hospital² (SMKH) has been the cornerstone of health services in Kent County since its inception. The hospital, formerly known as Stella-Maris-de-Bouctouche, came about in 1947 when a young physician decided to convert a house into a hospital. Despite a few setbacks over the years, the staff there provided care to the people of Kent County until 1962. In 1960, it was announced that a hospital would be built in Bouctouche, since the two closest hospitals to Kent County were in Moncton and Miramichi. A debate ensued as residents of northern Kent County disagreed with the decision. In the end, it was determined that the hospital would be built in Sainte-Anne-de-Kent, in what was neutral ground between the southern and northern parts of the county. Construction took place from 1964 to 1966. The SMKH was inaugurated in September 1966. The Sisters of Notre-Dame-du-Sacré-Coeur retained ownership of the hospital, but the province paid the costs. The nuns also managed all the services. In the 1970s, the nuns gradually withdrew as lay people began to take over. The hospital is still owned by the congregation today but is entirely managed by the Vitalité health network.

The hospital has offered medical, pediatric, maternity and emergency services from day one. Laboratory, radiology and electrocardiogram services came later. The hospital was also equipped with surgery and recovery rooms, but surgery was never authorized. In the early 1980s, physiotherapy, occupational therapy, respiratory therapy and nutrition were added to the list of services. Today, the hospital offers a number of other services (see the *Detailed Health Services Portrait* section). It was finally in 1990 that the hospital put the following mission statement on paper:

“We, of the Stella-Maris-de-Kent Hospital, deliver appropriate health care to all, regardless of race, language, religion or illness.”

² Sr. Vautour, T. (2019). A beautiful love story in “our own community” 1966-2016. <http://www.chac.ca/about/history/books/nb/Sainte-Anne-de-Kent%20-%20Stella%20Maris-de-Kent%20Hospital%201966-2016%20en.pdf>

Like Les Religieuses de Notre-Dame-Du-Sacré-Cœur who were inspired by the apostolic spirit of St. Vincent and St. Elizabeth Seton, we want to serve the sick in the Christian spirit of charity, simplicity and compassion.

We want to show respect for life and offer the best possible care to people in our care, with discretion, dedication and compassion.

While being attentive, open and creative, we want to promote a work atmosphere that will be reflected in the quality of care that the hospital wants to offer.

Finally, we want to maintain close ties between the sick, the staff and families.”

Sr. Vautour, T. (2019), p. 19

The hospital established an advisory committee in 1992 following a reform of the provincial health care system whereby the hospital was to be entirely managed by the Beauséjour health network, now known as Vitalité. The committee’s mandate was to maintain the hospital’s religious character and ensure that the mission statement was adhered to. There was a desire to preserve the values that had been present since the beginning and had motivated the nuns to found the hospital. It was also during this reform that the hospital cut 25 beds, reducing its capacity from 45 to 20. The *Les ami(e)s de l’hôpital Stella-Maris-de-Kent* foundation was established in 2009 to improve and develop the services offered at the hospital. The foundation’s activities include fundraising and purchasing equipment and materials. Finally, the hospital wishes to remain a Catholic institution and continue to uphold the mission and values established by the Sisters while improving care to meet the real needs of the community.

Socio-Demographic Profile and Challenges of Kent County

Kent County is a region located in eastern New Brunswick. It is home to two towns, four villages, one rural community, 20 local service districts (LSDs) and three First Nations. It boasted a population of 31,314 in 2019 according to Statistics Canada population estimates³. The region is predominantly Francophone but has a significant Anglophone community. Some 63.4% of residents use French as the language spoken at home, while 30.9% use English and 10.1% use an Indigenous language, according

³ Statistics Canada (2020). Population estimates. https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1710013901&request_locale=en

to New Brunswick Health Council (NBHC) data⁴. Health services are delivered by the province's two health networks, Vitalité and Horizon. Vitalité (zone 1) is the main served by Vitalité (zone 1), while Horizon operates two clinics in the region, namely in Rexton and Rogersville.

This section presents the main findings of the NBHC's report entitled *My Community at a Glance: Bouctouche, Richibucto, Saint-Louis de Kent Area*⁴. The report includes the results of various surveys administered among residents and compares the Bouctouche region to the provincial average. For information purposes, the data is slightly dated and is often the result of public surveys rather than government statistics on usage.

The communities analyzed in the document were as follows:

Acadieville	Main River
Aldouane	McIntosh Hill
Baie de Bouctouche	Mundleville
Bass River	Portage St-Louis Rexton
Beersville	Richibouctou-Village
Bouctouche	Richibucto
Buctouche First Nation	Rochibucto First Nation
Carleton	Sainte-Anne-de-Kent
Clairville	Saint-Charles
Elsipogtog First Nation	Saint-Édouard-de-Kent
Fords Mills	Saint-Grégoire
Galloway	Saint-Ignace
Indian Island	Saint-Louis
Jardineville	Saint-Louis-de-Kent
Kouchibouguac	Saint-Maurice
South Branch	Upper Rexton
Targettville	Weldford
Wellington	

⁴New Brunswick Health Council. (2017). *My community at a glance: Bouctouche, Richibucto, Saint-Louis de Kent area*. <https://nbhc.ca/sites/default/files/publications-attachments/2017-My%20Community%20at%20a%20Glance%20-10-Bouctouche%2C%20Richibucto%2C%20Saint-Louis%20de%20Kent%20Area.pdf>

We are aware that a number of Kent County communities are missing from the report. For that reason, we also consulted the community profiles for the Shediac⁵, Miramichi⁶ and Salisbury⁷ areas, since they include a small number of Kent County communities. We had to take into consideration and adapt to the differences in geographical areas in our research process.

Note that the NBHC has changed and expanded its geographic areas. The next community profile will reflect Kent County much more accurately. However, it will be a few years before new data is available.

The following section presents the characteristics and challenges of Kent County's population based on the 12 determinants of health⁸ and the "at a glance" data.

1. Income and social status

Income and social status are the most important health determinants for individuals. There is a close link between an individual's socio-economic position and health status. The more precarious the link, the poorer the individual's health will be⁸. Unfortunately, Kent County does not fare favourably with respect to these determinants (see statistics below). The region seems disadvantaged compared to the rest of the province. We will see later on that this challenge has also been observed by health professionals in the region.

Income:	<u>Region vs. province</u>
Median	\$41,171 vs. \$52,835
< 20,000	19% vs. 15%
20,000 to 60,000	48% vs. 41%
> 60,000	32% vs. 44%
Employment insurance:	15% vs. 7%
Low-income households:	20% vs. 17%
Food insecurity:	15% vs. 12%

⁵New Brunswick Health Council. (2017). *My community at a glance - Shediac, Saint-Antoine, Beaubassin East area*. <https://nbhc.ca/sites/default/files/publications-attachments/2017-My%20Community%20at%20a%20Glance%20-12-Shediac%2C%20Saint-Antoine%2C%20Beaubassin%20East%20Area.pdf>

⁶New Brunswick Health Council. (2017). *My community at a glance - Miramichi, Rogersville, Blackville area*. <https://nbhc.ca/sites/default/files/publications-attachments/2017-My%20Community%20at%20a%20Glance%20-9-Miramichi%2C%20Rogersville%2C%20Blackville%20Area-NBHC-2017.pdf>

⁷New Brunswick Health Council. (2017). *My community at a glance - Salisbury, Petitcodiac, Harcourt area*. <https://nbhc.ca/sites/default/files/publications-attachments/2017-My%20Community%20at%20a%20Glance%20-11-Salisbury%2C%20Petitcodiac%2C%20Harcourt%20Area.pdf>

⁸Carroll, G., and Couturier, L. (2015). La promotion de la santé In Carroll, G., and Couturier, L., & St-Pierre, I. (ed.), *Pratiques en santé communautaire* [practices in community health] (p. 40-50). Montreal, Quebec

Subsidized housing: 26% vs. 16%

2. Education and literacy

There is an important link between education and health, since higher education is often associated with better income, and we have seen that higher income is associated with better health. Education also better equips people to solve their problems, gives them more control over their lives and provides a better standard of living in general⁸. In Kent County, educational attainment and literacy levels are lower than the provincial average and that of the three surrounding regions. This means that the county faces challenges related to education and literacy. Moreover, the region's residents have more difficulty understanding written information (17% vs. 11%), which is often a barrier to health services.

Level of education reached	<u>Region vs. province</u>
High school not reached	32% vs. 17%
High school or equivalent	25% vs. 27%
Technical certificate	32% vs. 35%
University certificate or diploma	10% vs. 22%
Reading comprehension - Francophone in grade 2	63% vs. 77%
Reading comprehension - Anglophone in grade 2	90% vs. 74%

3. Employment and working conditions

A job with good working conditions provides individuals with income, a sense of identity and usefulness, and a social network. Conversely, unemployment, underemployment and stressful jobs can lead to poor health⁸. Unemployment in Kent County is high (15%) and there are fewer well-paid permanent jobs. There are also more seasonal jobs compared to the provincial average.

Employment status	<u>Region vs. province</u>
Employed	49% vs. 55%
Unemployed or seasonal	9% vs. 7%
Retired	29% vs. 25%
Unemployed	20% vs. 11%
Receiving EI	15% vs. 7%

4. Early childhood development

Early childhood development has a significant impact on an individual's development and health status⁸. In Kent County, there is a slightly higher percentage of low-birthweight babies and infant mortality. In addition, bullying and learning disabilities at school do not promote healthy development in young people. There is also a slightly higher death rate among teens under 19 years of age due to suicide, self-injury, accidents and cancer.

5. Personal coping skills and lifestyle habits

Although behaviour and lifestyle are personal choices, socio-economic, cultural and environmental factors strongly influence people's decisions about their behaviour. In other words, it is difficult to change harmful habits when the environment is not conducive to change⁸. In Kent County, eating and exercise habits, as well as alcohol, drug and tobacco use (especially among youth) need to be changed to promote better health. Coping skills are skills that enable one to deal with the challenges and stresses of everyday life. They allow us to solve our problems and make choices to improve our health⁸. In Kent County, the percentage of people who feel able to resolve their issues without resorting to hurting themselves or others is lower than the provincial average (46% vs. 55%).

Healthy eating: Fruit and vegetable consumption is below the provincial average for all age groups. Consumption of sweetened and/or energy drinks is higher than average.

Body Mass Index (BMI): This indicator is above the provincial average for all age groups.

Physical activity: This indicator is 4% to 7% below the provincial average depending on the age group, except for seniors, who are 2% more active.

Sedentariness: Slightly higher.

Smoking: Higher in youth, but lower in other age groups.

Drug or alcohol use: Higher than the provincial average.

6. Culture

Cultural factors must be taken into account when planning health services. Culture can influence some health determinants, such as employment and education⁸. In Kent County, the Indigenous community accounts for 15.4% of the population, a

significant number. This group faces major challenges with respect to all health determinants, except for gender, where they do not differ from other groups. Francophones are in the majority in the area but a minority in the province and face the same problems as all minority groups. Services that are not culturally appropriate run the risk of acculturation, which can adversely affect people's physical and psychological health.

7. Social environments

Social environments encompass a multitude of factors: employment, income, justice, safety/security, government, relationships among individuals and the various groups, social support, etc. Adverse social conditions often lead to health inequalities⁸. In Kent County, the rural environment, poverty, low education levels and an aging population are becoming major handicaps to accessing health services.

8. Physical environments

Some factors in our physical environment, such as water quality and air pollution, can influence our health⁸. However, there is nothing specific to report with respect to this determinant in Kent County.

9. Social support networks

Individuals within a social network, and the support that such networks provide, can greatly influence health behaviours. Smoking and eating habits are one example of behaviours that a social network can influence⁸. In Kent County, access to childcare services is limited, making it difficult for women in particular to find employment and putting pressure on young parents. In addition, the region is home to a high percentage of seniors (19.34% over 65 years of age), the highest of the four southeastern areas of the province, which itself represents a challenge. That segment of the population consumes the most health services and often needs help with various tasks and travel, which is even more difficult in rural areas. The social support network becomes extremely important with such a high proportion of seniors, especially when it comes to reducing social isolation, which is in fact associated with many health problems⁸.

10. Health services

Access to health services is a factor that affects the health of individuals. In addition to being accessible, services should be inclusive and culturally appropriate⁸. For example, some populations, such as Francophones in a minority setting and Indigenous people, are in poorer health since they do not have access to services in their language and culture. In Kent County, access to health services is all the more critical since the community served is disadvantaged, elderly, poorly educated and rural. Isolation, malnutrition and lack of stimulation among seniors result in a major loss of autonomy that aggravates health problems and forces seniors to be placed in homes, with correspondingly higher costs to the health care system. In addition, 25% of the region's residents use the emergency room for care on a regular basis compared to 12% for the province. Is this due to a lack of service or a cultural habit?

11. Biological and genetic endowment

Biological factors and genetics can determine a person's health status. For example, genes can play a role in some diseases⁸. There are no particular issues of note for the French- and English-speaking communities, but Indigenous people are more prone to certain pathologies.

12. Sex and gender

Although sex and gender can play a role in an individual's health status⁸, there is nothing of note to report for this determinant in Kent County.

Compared to the three surrounding areas (Shediac, Miramichi and Salisbury), the most noteworthy factors are income, education and proximity to a larger hospital. In 2020, health problems are often chronic or require frequent treatment over a long period of time (cancer, kidney failure, mental health and aging-related illnesses). When poverty and distance are added to the mix, access to health services becomes a major public health issue for these populations.

Detailed Health Services Portrait

Kent County has a number of health care facilities within its boundaries. The county is mostly part of Vitalité's Zone 1 but it also includes a few communities served by Horizon. Other health services, such as the Extra-Mural Program and Ambulance New Brunswick, have units in Kent County and are managed by Medavie Health Services New Brunswick. Finally, Kent County is also home to Elsipogtog First Nation, which has its own health centre to meet its community's needs. The next section provides a detailed picture of the health services available in Kent County. Table 1 shows the nature and frequency of services offered and the number of staff working at the various sites.

Vitalité⁹

Cocagne Health Clinic

This clinic employs two nurse practitioners and a family physician. Services are available Monday to Thursday. One nurse practitioner is always present from Monday to Thursday but on some days, both NPs are on site. Patients must call ahead to book an appointment, whether it is for the same day or later.

Richibucto Community Mental Health Centre

This centre boasts a multidisciplinary team of nurses, psychologists, social workers, occupational therapists, community workers and peer helpers. It operates five days a week. For appointments, patients can self-refer or be referred by a health professional or someone close to them. It should be noted that the services are voluntary. In addition, the frequency of the services depends on the needs of the patient in question. The centre has two teams to better serve people with mental health issues: the adult treatment team cares for patients with anxiety, mood and other disorders, while the Flexible Assertive Community Treatment or FACT team provides care to people with more complex mental health issues that require regular follow-up, such as psychotic or bipolar disorders. Despite its small complement of staff, the centre is the only facility offering mental health services to Kent County residents.

⁹ Vitalité health network. (2020). *Interactive map of the network*. <https://www.vitalitenb.ca/en/interactive-network-map>

Addiction treatment services are offered by Horizon. A professional from their team comes to the Richibucto centre two days a week to offer services on an individual basis.

Richibucto Public Health Office

Public Health plays several roles in improving and protecting the health of residents. It has a number of centres across the province, with both health networks. Kent County has one public health office, which is located in Richibucto. The team there consists of four registered nurses and a dietitian. The centre offers three programs: immunization; Healthy Toddler Assessments; and Healthy Families, Healthy Babies. The aim of the immunization program is to give Kent County babies and young children their first vaccines. Nurses also travel to schools to vaccinate Grade 7 and 9 students. Program staff also check school and daycare immunization records. The number of children in the Bouctouche, Richibucto and Saint-Louis area meeting the immunization requirements upon arrival in kindergarten is slightly lower than the provincial average (65% vs. 69%)³.

Healthy Toddler Assessments are administered to 18-month-old babies at the Richibucto office. The assessment ensures the child's proper development and is a good opportunity for the nurses to address certain topics with parents. However, the number of assessments completed in Kent County is lower than the provincial average (34% vs. 49%)³.

Finally, the Healthy Families, Healthy Babies program aims to promote healthy baby development and help families live healthy and safe lives. It includes home visits with expectant parents, as well as postnatal home visits for eligible parents. The frequency of the visits varies from once a week to once a month. The program is offered by a nurse and is geared to children from zero to two years of age. However, we do not know the number of visits made to the region.

The Public Health dietitian at the Richibucto office also makes home visits to advise parents on nutrition and also fields calls from community members contacting Public Health with questions about nutrition.

Another important role of the dietitian and public health nurses is to promote community health. Public Health is required to create links and partnerships in the community to develop projects that promote well-being.

Saint-Paul-de-Kent satellite clinic

A nurse practitioner travels to Saint-Paul-de-Kent one day every two weeks to provide services to the community. Patients must call ahead to book an appointment, whether it is for the same day or later.

Stella-Maris-de-Kent Hospital

The Stella-Maris-de-Kent Hospital (SMKH) is located in Sainte-Anne-de-Kent and provides emergency services to residents, as well as a range of other health services. A variety of professionals work at the hospital and deliver a host of supports: food and nutrition, cardiology, a health clinic, a women's health clinic, a diabetes clinic, outpatient consultations with specialists, occupational therapy, electrocardiograms, diagnostic imaging, Indigenous liaison, a laboratory, speech therapy, physiotherapy, and respiratory health. An overview of each service is provided below:

Food and nutrition: Dietitians provide nutrition services at the nutrition clinic and the diabetes clinic, and to patients in the hospital. The hospital's food department is also managed by a dietitian.

Cardiology: Cardiologists from the Dr. Georges-L.-Dumont Hospital visit the SMKH two days a week to see patients.

Health clinic: The aim of this clinic is to improve access to primary health care. A nurse practitioner is available a few days a week by appointment.

Women's health clinic: This clinic is staffed by two nurse practitioners. The services offered include breast cancer, cervical cancer and STI screening; contraception; osteoporosis prevention and treatment; and menopause care. Pregnant women can also access some services during their pregnancy at the SMKH, but the hospital does not have an obstetrics department.

Diabetes clinic: The diabetes clinic is offered by a certified diabetes nurse. The clinic helps patients who are pre-diabetic or have gestational or type-1 or 2 diabetes.

Outpatient consultations with specialists: Specialists like orthopedists, geriatricians and ear, nose and throat doctors occasionally visit the hospital to see patients.

Occupational therapy: Occupational therapists help patients regain their independence and return to their occupations, whether in terms of personal care, recreation or productivity.

Electrocardiograms: Cardiology technologists work with cardiologists to provide physicians with information about the heart health of patients through various tests such as electrocardiograms.

Diagnostic imaging: This department offers ultrasounds as well as X-rays performed by medical radiation technologists.

Indigenous liaison: This department is there to ensure quality care for First Nations patients. The liaison officer acts as an intermediary between Indigenous patients and health care professionals. However, the position is currently vacant and the hospital is looking for a replacement.

Laboratory: The SMKH laboratory provides diagnostic and analytical services for patients and physicians. Phlebotomy services are also available to the general public.

Speech therapy: The speech therapist helps patients experiencing speech, language, voice and swallowing issues.

Physiotherapy: The physiotherapist helps patients remain independent by reducing pain, increasing strength and promoting healing.

Respiratory therapy: Respiratory therapists work in various areas of the hospital (emergency, medical unit, smoking cessation program, etc.) and help patients with their respiratory health.

Respiratory health clinic: This clinic provides services to patients with chronic lung disease or difficulty breathing and is staffed by a full-time respiratory therapist.

Smoking cessation program: This program is also offered by a respiratory therapist. The service is voluntary and offered upon request to patients who wish to quit smoking.

Horizon¹⁰

Rexton Health Centre

The centre provides health services to residents of Rexton and the surrounding areas. Services include access to a doctor or nurse, a phlebotomy clinic, a smoking cessation program and dietitian services.

Five family physicians work at the centre, but patients must be assigned to one of the doctors to get an appointment. However, two nurse practitioners and a licensed practical nurse are available to provide some clinical services. A dietitian travels to the centre one day a month for patients referred to the service. The smoking cessation program is also available to patients who want to participate. Finally, a laboratory technologist provides phlebotomy services on weekdays.

Rogersville Health Centre

This centre offers a number of services to the community and surrounding areas, such as access to a doctor or nurse, an after-hours clinic, mental health services, a phlebotomy clinic, the smoking cessation program, dietician services and speech therapy.

It employs a full-time registered nurse and two physicians. A medical laboratory technologist provides phlebotomy services twice a week. The dietitian visits the centre

¹⁰ Horizon health network. (2020). *Facilities and services*. <https://en.horizonnb.ca/home/facilities-and-services.aspx>

one day a month for patients referred to her. A speech therapist also visits the centre one day a month when required. Other health care professionals, such as mental health professionals, travel to the centre as needed.

The physicians working at the centre serve the patients assigned to them, but also meet with other patients who call the centre for an appointment. Patients do not need their family doctor to work at the centre to get an appointment. The nurse provides some clinical services and also has managerial responsibilities. A doctor at the centre also runs an after-hours clinic one evening a week.

Partnership between the Department of Health and Medavie

Medavie and the Department of Health have a public-private partnership to provide care to New Brunswickers. Medavie manages the Extra-Mural Program (EMP) and Ambulance New Brunswick (ANB) and works closely with the Department of Health and the two health authorities to provide care to the province's residents.

Extra-Mural program¹¹

The EMP provides health care to patients of all ages in their homes or in the community. Health care professionals provide short- and long-term care, palliative care, rehabilitation services and chronic disease care, and deliver the oxygen program for eligible patients. The program is divided into regions across the province, Kent County being one of them. The EMP team is made up of a multidisciplinary team consisting of registered nurses, licensed practical nurses, occupational therapists, physiotherapists, dietitians, social workers, respiratory therapists, speech therapists, pharmacists and physicians. The Kent EMP provides care to more than 400 patients in the region. Though the number varies daily due to discharges and admissions, the number of active patients still exceeds 400. The frequency of services depends on the patient's need. Some require daily care while others are seen once a month. Kent County has 13 registered nurses, two licensed practical nurses and two occupational therapists. The Kent EMP also has one health professional for each of the following

¹¹ Extra-Mural program. (2020). *Services*. <https://extramuralnb.ca/en/what-we-do/services/>

disciplines: clinical nutrition, speech therapy, physiotherapy, respiratory therapy, rehabilitation and social work.

Ambulance New Brunswick¹²

ANB provides emergency services to all New Brunswickers. It oversees land and air ambulance services and also operates the Medical Communications Management Centre, which responds to emergency calls and dispatches ambulance crews. ANB also transfers patients between hospitals and nursing homes. The Kent Region has five ANB stations (Bouctouche, Elsipogtog, Fords Mills, Rexton and Rogersville), each with an ambulance to ensure effective distribution of services. Kent County has an extra ambulance for transfers. The medical professionals on board the ambulances are all paramedics. All paramedics receive the same training province-wide. There are always two paramedics per vehicle, with at least one bilingual attendant whenever possible. The Kent region has approximately 50 paramedics. In 2019, ANB answered 4,775 calls (all calls combined) in the Kent area alone.

First Nations

Elsipogtog Health & Wellness Centre (EHWC)

The centre, located on Elsipogtog First Nation land, provides a variety of health services to the Indigenous community. Several health professionals work at the centre or travel there to provide care. The centre offers clinical health services such as access to a physician, a phlebotomy clinic, mental health services, immunization clinics, home care, addiction treatment and a host of community services.

It has one nurse practitioner, five registered nurses, four licensed practical nurses, one dietitian, one occupational therapist and a range of specialized workers in various fields who work at the centre full time. Other professionals from both health networks also come to the EHWC to provide services. In fact, five doctors from the Vitalité health network rotate at the centre to ensure that a physician is present every day.

The centre also works with the EMP and Public Health to provide additional services while avoiding duplication. EHWC nurses provide home care and support just like the EMP does, but the care and services are not the same. The centre's mother and child

¹² Ambulance New Brunswick. (2020). *Services*. <https://ambulancenb.ca/en/what-we-do/services/>

health program also offers services to mothers who are not eligible for the Public Health program.

Services to be developed

Despite a wide range of services offered in Kent County, many residents still have to travel to urban centres for some services. For many, travelling to Moncton or Miramichi is a significant undertaking. Distance aside, there are also many other factors that come into play, such as having to take time off work, gas and parking costs and finding a means of transportation, to name but a few. Access to services is all the more difficult for a population that is disadvantaged, aging and poorly educated compared to the provincial average.

We made several attempts to obtain data on the number of patients in Kent County who have to travel to urban centres for health services, but were not given access, even after making a formal request. Horizon sent us some of the data we requested (Appendix A), while Vitalité responded that their database provides information on discharged patients only (Appendix B).

Despite this, several stakeholders in the health field shared their perspectives, concerns and experiences with us. Their comments, along with a few supporting documents, allow us to provide a non-exhaustive list of services that should be developed in Kent County to improve quality of life and access to health care. See the list below.

Hemodialysis

In 2015, a Vitalité document (Appendix C) indicated that the number of patients with end-stage renal disease had risen by 3% annually over the past five years. That same year, there were 22 patients from Kent County, including Elsipogtog First Nation, travelling to the Georges-L.-Dumont Hospital for hemodialysis treatment. Hemodialysis is very taxing on patients. It becomes even more taxing when patients have to travel great distances to access the treatment. For most people, it means travelling three days a week. Having a satellite nephrology clinic at the SMKJ has been discussed for several years now. We strongly believe it would be beneficial for both Kent County and the Georges-L.-Dumont Hospital to have a hemodialysis service

point at the SMKH. This would enhance the quality of life for patients in Kent County and relieve congestion in the nephrology department at Georges Dumont.

Chemotherapy

A business case for oncology was made available to us by Vitalité (Appendix D). The document, dated 2019, indicates that the cancer network is predicting a rise in cancer incidence in New Brunswick. Approximately 4,588 cases of cancer are diagnosed each year in the province. Vitalité predicts a shortage of seven oncologists in the next two years. The analysis recommends optimal locations for these oncologists, with the addition of a satellite chemotherapy clinic at the SMKH being one of a number of possible solutions. Such a clinic would allow more than 100 patients to be treated closer to home. It would also improve access for First Nations in Kent County. Similarly, according to information provided by Horizon (Appendix D), the number of Kent County patients visiting the oncology department at the Miramichi Regional Hospital has increased over the past year. The number of visits rose from 744 in 2018-19 to 956 in 2019-20. We strongly believe that it would be beneficial to have such a clinic in Kent County to facilitate access to care for people who do not need additional constraints.

A client-centred, population health approach to:

- seniors
- people with a mental health or addiction problem
- social pediatrics

A population health approach¹³ is one focused on improving the health of a population and reducing social inequalities. Such an approach goes beyond improving an individual's health to building a sustainable health system. It must be evidence-based so as to be able to accurately identify the factors that truly affect the health of a given population. Research has demonstrated that many factors influence the health of

¹³ Government of Canada. (2013). *The population health approach*. <https://www.canada.ca/en/public-health/services/health-promotion/population-health/population-health-approach/what-population-health-approach.html>

individuals. The health care system has little control over some of those factors. It is important to recognize the relationship between, and complexity of, the various determinants of health to guide our approach. It is also important to have several strategies rather than just one in place. It is the combination of these many strategies that will have an effect on health. These diverse strategies must include a variety of groups, who do not need to be actors in the health system. They can be from all walks of life and act in different ways to improve people's quality of life. With such an approach, health becomes everyone's responsibility. In addition to encouraging cooperation between sectors, a population health approach promotes citizen participation. All citizens should have the opportunity to be involved in the development of strategies. Finally, we must be transparent about the outcomes achieved. It is important to measure them, to verify whether the changes are really effective and to share the results.

In Kent County, we have seen that residents are quite poor, poorly educated and rural. Such social inequalities have a major impact on the health of our community. A population health approach with an emphasis on reducing these social inequalities could actually reduce health problems in the long term.

Expand social work and psychology services at the SMKH

The SMKH does not have social workers or psychologists on site. Based on what health care professionals told us and the discourse around mental health, we feel that such services are essential in the hospital setting. Currently, patients arriving at the SMKH with a mental health issue are seen by an emergency physician and then referred elsewhere depending on the situation. The Community Mental Health Centre receives several referrals from the SMKH. Some patients are referred to a psychiatrist at another hospital. Other than patients who come to the emergency room, patients hospitalized at the SMKH are not getting professional support.

Specialized medical-surgical clinics

Several health professionals mentioned that having specialized clinics at the SMKH would be beneficial. A small number of specialists currently visit the hospital a few days a month to see patients, but the range and frequency of services could be improved.

Outpatient cardiology services at the SMKH are a perfect example of how it is possible to develop new services in a small hospital.

Even if specialists cannot always attend in person, telemedicine services could be developed so that patients do not always have to travel. Sometimes consultations only require discussion, without the parties having to be in the same place.

Perspective of Health Professionals

In this study, we also wanted to speak with health professionals and get their views on the status of health services in Kent County. The staff interviewed included physicians, nurse practitioners, paramedics, occupational therapists, physiotherapists, speech therapists, social workers and mental health professionals. The list of questions asked can be found in Appendix E. The health professionals who participated in the project did so on a voluntary basis. The following section highlights the opinions most frequently expressed by interviewees about health services in Kent County.

Strengths

First, we were interested in what health care professionals thought were the strengths of Kent County's health care system. The most common response was the Stella-Maris-de-Kent hospital. Most interviewees agreed that the hospital provides essential services to county residents. The diversity of services offered at the SMKH increases access to health care for residents. The emergency room also provides crucial care. A number of health care professionals stressed the importance of having an emergency room in Kent County, which allows patients to be stabilized before being sent to a larger hospital if necessary. Other strengths mentioned were:

- The Extra-Mural Program
- The cardiology clinic at the SMKH
- The family physicians
- The rural setting, which has advantages (sense of familiarity, personalized care, small work teams)
- Diversity of services
- Accessibility of services
- Richibucto Community Mental Health Centre
- Elsipogtog Health & Wellness Centre

Challenges

While the region has a number of strengths, interviews also pointed to challenges. Some are unique to Kent County while others are felt throughout the province. The challenges most frequently cited were as follows:

- Aging population
- Low income and social status
- Low education and literacy levels
- Large proportion of seasonal workers
- Transportation and mobility
- Wait times for some services (physiotherapy, occupational therapy, mental health)
- Lack of mental health services
- Lack of after-hours and walk-in clinics
- Lack of home care services
- High rate of chronic disease
- Lack of prevention and health promotion

Missing opportunities

We asked health care professionals what opportunities were missing in their respective disciplines, or in other words, the additional services that could be implemented in Kent County. Here is what they told us:

- Mental health services
- Addiction services
- After-hours and walk-in clinics
- Social worker at the SMKH
- Psychologist at the SMKH
- Hemodialysis service at the SMKH
- Consultation clinics with specialists at the SMKH
- Increase in the number of physiotherapists at the SMKH Services for seniors
- Train more advanced-care paramedics in the community and expand their scope of practice

Human, financial and material resources

While we would all like these additional services, we asked health care professionals if they thought there were sufficient resources to implement them in Kent County. Here were the most frequent responses:

- “There’s a lack of human resources.”
- “There’s a lack of physical space, especially at the SMKH.”
- “Resources are being misused or mismanaged.”
- “Financial resources are not always available.”
- “Government and the health networks must invest in health services.”
- “It’s possible to save money if we use resources better.”
- “We need incentives to attract health care professionals to come and work here.”

Health promotion and prevention

Health promotion and prevention is a frequent topic of discussion in health circles. Health professionals are the first to treat health issues that could have been prevented. Hence, we asked them if they thought that health promotion and prevention initiatives should be implemented in Kent County, to which all interviewees responded in the affirmative. This was the question that interviewees answered with the most conviction. The responses were as follows:

- “Prevention starts with education. You have to invest in education.”
- “We need to inform and educate people about physical activity, diet, tobacco, obesity, drugs and alcohol.”
- “Communities and municipalities must get involved. It’s not just the responsibility of government and the health networks.”
- “The government has to invest in promotion and prevention.”
- “We need to do more to promote immunization and we need resources so that people are better informed.”
- “Health care professionals need to do outreach in the communities.”
- “Many chronic diseases could be prevented through healthy lifestyles.”
- “We need to do more to promote mental health.”
- “Prevention is more effective than long-term treatment.”

Telemedicine

New technology makes telemedicine more possible than ever before. The Covid-19 pandemic has demonstrated that. During the pandemic, physicians were required to make appointments by telephone or videoconference and were paid to do so. Before the pandemic, doctors were not paid for telephone consultations. Most of the physicians interviewed hope to be able to continue doing paid consultations by telephone. Many patients appreciate the service because they do not have to travel or take time off work. This increases access to services for a number of people. There are advantages and disadvantages to telemedicine and here was the most common feedback from health professionals on the topic:

- “Some specialists can do consultations by telemedicine, when possible, to save the patient from having to travel.”
- “If it increases access to services, we should use it.”
- “It’s a good practice for people with transportation or mobility challenges.”
- “It’s a service we should develop and improve further.”
- “Telemedicine has its place, but face-to-face contact should be the preferred option.”
- “We have to take into account that not everyone has access to the internet or an electronic device and not everyone is comfortable with technology.”
- “It’s not an ideal solution for some services (e.g., physiotherapy and mental health).”

Human Resources

New Brunswick is in a precarious state with respect to its workforce. An aging demographic means that we have fewer and fewer people of working age. The situation is even more striking in the health sector. We wanted to learn more about human resources in the Kent County health sector. As mentioned in the Mandate and Objective section, we wanted to know how many employees would be eligible to retire in the next five to 10 years. This data allows us to make projections and imagine future scenarios.

Vitalité and Horizon

Vitalité did not give us access to human resources data for Kent County. As for Horizon, we were unable to find the right person who could provide the data. However, since

Horizon only runs two clinics in the region, that data is less important for our project.

Partnership between the Department of Health and Medavie

We consulted Medavie, which manages the Extra-Mural Program and Ambulance New Brunswick. The Kent EMP unit has 26 employees, 12 of whom are 50 years of age or older. We can assume that there will be some retirements in the coming years, but it all depends on the age at which people decide to retire.

ANB's five districts in Kent County have 57 employees, nine of whom are 50 years of age or older. It should be noted that few ANB employees work until retirement age due to the difficult conditions of the job.

Elsipogtog Health & Wellness Centre

The centre informed us that they anticipate only one retirement in the next five years and possibly three in the next 10 years. The centre employs about 30 people.

Physical Spaces

We also looked at the size of the various health care facilities in Kent County to see if they could accommodate additional services. Based on the floor space available at the SMKH, it is obvious that there is not enough room to add ambulatory services. We also requested the same information from other rural hospitals in the province but had not yet obtained the data when we were writing of this report.

Public Consultations

To fully understand a population's health needs, it is important to examine evidence and statistics and consult stakeholders in the field, and even more important to consult the residents who use the services and know their needs better than anyone else. Once the research component of this project has been completed, we want to involve residents in the process and hear their perspectives. The following section offers ideas and solutions for holding public consultations with Kent County residents.

In-person public consultation

With the relaxation of Covid-related public health measures, it is now possible to hold events and gatherings provided that certain rules are followed. If the KRSC wishes to consult the public in person, the following measures must be put in place to ensure everyone's safety:

- Strongly encourage mask wearing.
- Provide a hand washing or sanitizing station at the entrance.
- Designate someone at the entrance responsible for administering the screening questionnaire and recording participants' names and phone numbers.

The questionnaire recommended by Public Health is available here:

https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/COVID-19_screeningEN.pdf

- Allow for two metres between chairs.
- Have a separate, designated entrance and exit.
- Cap participation at 50 people and follow physical distancing guidelines (choose a spacious venue).

Although public consultation can take many forms, as shown in the examples below, some will be more difficult to implement, and some may not even be an option at this time. Consultations of a short duration, where people remain seated the entire time, are preferable. They do not require food or beverages to be served and they minimize visits to the washroom, thereby avoiding unnecessary movement and contact in the venue. It is also possible to hold several public consultations with small groups. This requires more time and organization but is also more in line with public health rules.

Ideas for face-to-face public consultations¹⁴¹⁵

- **Public meetings:** A planned event that allows organizers to meet with the public and gather their opinions, concerns and ideas. Allows for discussion and debate on issues of public concern. This kind of event can result in discussions that stray from the topic, so it is important to have a facilitator lead the meeting.

¹⁴ Fisheries and Oceans Canada. (2004). *Consultation toolbox: A guideline to undertaking consultations*. <https://waves-vagues.dfo-mpo.gc.ca/Library/282189.pdf>

¹⁵ Prémont, K. and Boisvert, Y. (2003). *Les méthodes de consultations publiques : analyse et description* (Public consultation methods: analysis and description). *École nationale d'administration publique*. <http://archives.enap.ca/bibliotheques/2009/06/30105651.pdf>

- **Focus group (discussion-based):** People in the group are pre-selected and discuss specific issues. This method allows participants to change their point of view in response to other participants' comments, which can be beneficial. It also allows for the collection of detailed information. It is important to have well-defined questions so that the group does not go off-topic.
- **Focus group (reflection-based):** A larger group that discusses and identifies creative solutions to public policy issues. The group must be knowledgeable about the issues and questions to be discussed.
- **Round table:** A meeting between various partners from government, non-governmental organizations, private companies, etc., to discuss a topic of common interest. Allows for debate and hearing various parties' opinions.

Virtual public consultation

With advances in technology, it is now possible to reach a large number of people virtually. Platforms like Zoom, Microsoft Teams and Skype allow people to come together. However, virtual consultations may not reach the entire community and may even exclude people who are not comfortable with technology or do not own an electronic device. Nevertheless, here are a few tips to ensure the smooth running of a virtual gathering:

- Choose a free, easily accessible and user-friendly platform.
- Send out invitations well in advance and ask people to download the application if necessary and test the link. Provide a telephone number for people to call if they need help with installation or configuration.
- Send a reminder a few days before the consultation.
- Designate one person to coordinate and lead the meeting (they must be able to mute and unmute microphones).
- Ask people to send their questions in advance. The coordinator may determine the order of questions and also limit them. At the meeting, the coordinator may invite those who have submitted a question to ask it.
- Inform people of the procedure for speaking (e.g., if they have to press a button to raise their hand). The coordinator can then give them the floor.
- Inform people that if they have not had a chance to talk, they can leave a message in the chat box or send an e-mail to address X.

Like face-to-face public consultations, their virtual counterparts can take many forms. All that is needed is a little planning and organization. For example, meetings with several small groups can be organized, and the same can be done for round tables, focus groups, and so on. All you need is to adapt the tools to a virtual setting.

Interviews

Interviews are also a good way to gather people's opinions and views. They are usually done face-to-face but can also be conducted over the telephone. They are a good way to get in-depth answers. Some people are uncomfortable expressing their opinions in large groups, but individual interviews avoid that problem. Although this method has a number of advantages, it is also very time-consuming.

See Appendix F for a potential list of interview questions.

Questionnaires and surveys

These are interesting tools that are worth considering. They can be done over the phone, online or by mail, although the latter is now less common. They make it possible to reach a large segment of the population as they are easy to administer. Moreover, they are completely anonymous. Having a pre-established list of questions keeps the focus on the key questions being asked. Unlike interviews, questionnaires collect specific information but do not allow for sharing or discussion. They are also likely to have a low response rate if not sufficiently advertised.

Tools like SurveyMonkey and Google Forms are very useful for administering online surveys.

See Appendix H for a survey created for use with Kent County residents.

Service Delivery

Health service delivery calls for two complementary areas of expertise: management (governance and administration) and clinical services (the health care services themselves). Administration includes organizational structure, delegation of authority, funding methods, accountability and reporting mechanisms, quality control, statistics and governance. Clinical services include professional models, guidelines, recommendations from experts and learned societies. Delivery models change regularly as science advances. Selecting a model requires technical knowhow and health professionals must negotiate the model with the administrators, keeping in

mind the impact of such choices on budgets. These choices are always extremely difficult to influence. Administration is about political choices at the provincial level, whereas the clinic aspects are the responsibility of health professionals.

Now that we have information on the health of the community and the services currently offered, we now turn our attention to specific standards to improve health care in Kent County. For the purposes of this study, we chose the *Primary Health Care Standards* of the Health Standards Organization (HSO) (Appendix H). The Standards Council of Canada (SCC), a national body, approved a set of standards for the delivery of primary health care services as recently as April 2020. The standards were written by the HSO, an SCC-accredited organization. The HSO accredits all kinds of health organizations around the world: Europe, the Middle East, Africa, South America, etc. The *Primary Health Care Standards* aim to incorporate aspects of population health, health promotion, disease prevention, chronic disease management and community health into health care.

They are based on the HSO's **principles of people-centred care**¹⁶:

- 1. Integrity and appropriateness:** Respect users' and families' expertise, which stems from their care experience; plan and deliver care through processes that allow for mutual understanding of needs/perspectives and permit outcomes that are influenced by everyone's expertise.

- 2. Communication and trust:** Communicate and share complete and objective information in a straightforward and helpful manner; provide timely, complete and accurate information to participate effectively in care and decision-making.

- 3. Inclusion and preparation:** Ensure equitable access to care and provide opportunities to plan and assess services for people from different backgrounds and

¹⁶ Health Standard Organization. (2020). Primary health care.

settings; promote participation of users and families in care and decision-making and encourage them to do so to the extent that it suits them.

4 Humility and learning: Encourage people to share their problems and concerns in order to foster continuous learning and improvement; promote system improvement rather than blaming or judging individuals.

These principles are internationally recognized and have proven effective in providing high-quality services.

The HSO standards are also based on a **conceptual framework of quality**. This framework includes eight quality dimensions that are used to set standards for health and social services to ensure safety and quality in all care. The eight dimensions are as follows:

1. **Population focus:** Work with my community to anticipate and meet our needs.
2. **Accessibility:** Give me timely and equitable services.
3. **Safety:** Keep me safe.
4. **Worklife:** Take care of those who take care of me.
5. **Client-centred services:** Partner with me and my family in our care.
6. **Continuity:** Coordinate my care across the continuum.
7. **Appropriateness:** Do the right thing to achieve the best results.
8. **Efficiency:** Make the best use of resources.

The HSO also encourages organizations and community stakeholders to use these quality dimensions in their strategic planning and offer of services in order to improve care.

The document includes six themes, each accompanied by several criteria and sub-criteria to assess system compliance. Each criterion and sub-criterion relates to a theme and is connected (see icons) to one of the quality dimensions. The themes and criteria are listed below:

1. Population health and service planning

- 1.1 The organization obtains population health data and information on the service needs of its populations.
- 1.2 The organization's services are designed collaboratively to meet the needs of users and the community.
- 1.3 The organization and team provide access to a full range of services across the continuum of care.

2. Access to services

- 2.1 The organization and team facilitate access to services.
- 2.2. The organization and team adapt to users' needs.

3. Team-based care and cross-collaboration

- 3.1 The organization strengthens and supports the team's ability to provide comprehensive, coordinated, person-centred services based on the population's needs.
- 3.2 The organization and team work collaboratively to meet users' needs.

4. User rights and ethical issues

- 4.1 The organization and team ensure that services are provided in a manner that is ethical and respectful of the rights of users.
- 4.2 The team obtains informed consent from users to provide services.

5. Comprehensive and coordinated services

- 5.1 The team ensures that a comprehensive assessment is conducted to obtain a clear understanding of the user's health and well-being.
- 5.2 The team develops care plans in collaboration with the user and family, based on the comprehensive assessment.
- 5.3 The team follows the processes for managing medication and test results.
- 5.4 The team coordinates user care.
- 5.5 The team facilitates continuity of care throughout the referral process.
- 5.6 The team coordinates the transition from care.

6. Monitoring and improvement of services

6.1 The organization uses information systems to monitor and improve services.

6.2 The organization collaborates to continually improve its services.

Note that for each criterion, there can be up to nineteen (19) sub-criteria to assist in understanding what is required.

In light of the principles and values outlined in the *Primary Health Care* document, it is clear that the system must include a strong focus on users, families, the community, and service providers (professional and otherwise) in planning services, monitoring quality and measuring efficiency.

The interdisciplinary teamwork and honest collaboration with all partners, public or private, involved in improving and maintaining the health of residents are given equal value to user and staff participation. These principles are the result of studies and experiments carried out around the world that have proven effective for better health and that lead to more satisfied customers and lower costs in general. It is well-known that quality is the least expensive option. In summary, high quality primary health care will reduce emergency room overcrowding and decrease the use of hospital beds by patients who do not require the heavy and expensive infrastructure of a hospital. Ensuring rigorous management of medication and better educating users and their families about care, especially at the end of life, will also help to improve the quality of life of users and reduce costs. Similarly, well-trained and well-supported informal caregivers and volunteers will contribute significantly to the quality and efficiency of services.

In a field as vast and complex as health, improvisation is not an option. Rigorous measurement of clinical outcomes, organizational efficiency, and progress towards quality improvement in all eight dimensions is required.

Historically, health has been the responsibility of individuals, charitable organizations and local governments. In response to increasing costs caused by developments in science and a rise in public demand once medicine became effective (mid-20th century), central governments took over and created a heavy bureaucracy. As a result, citizens, users, families and local governments were excluded from organizational and sometimes even

clinical decision-making. Yet they are the ones who pay for and receive the services; is there anything more personal than a health-related service?

In the current context, to improve services, it is highly commendable that the KRSC is getting involved and engaging residents on the topic of health. Their voices must be heard, as required in the HSO's *Primary Health Care Standards*. This tool should enable us to take an informed and constructive approach to improving the health of Kent County residents.

Recommendations

After reading the report and analyzing the available data, we met as a committee and made some recommendations, which will help us to develop the next steps of this project and ensure rigorous follow-up:

- First, a communications plan will be developed to inform residents of the work completed since last February's announcement to close some emergency rooms overnight. We want people to know that we continue to work on their behalf.
- Based on the public consultation methods proposed earlier in this report, we want to develop focus groups to engage community members and health service users. Some groups have already been targeted, such as people with mental health issues and their caregivers, people requiring nephrology care (i.e., dialysis), cancer patients, seniors and Indigenous people.
- We also want to involve local governments more in health-related decision-making. Health is everyone's responsibility and we want communities to take an interest in it and find innovative ways to engage the community. Whether through community activities, new infrastructure or health promotion, all ideas are good when it comes to improving the health of our community.
- We also recommend decentralizing health services to better meet the needs of Kent County residents. There must be better cooperation between community

stakeholders such as the Department of Health, the health networks and local governments.

- We also recommend expanding the SMKH, developing current spaces or building new infrastructure in Kent County to allow for additional services.

- Finally, due to an aging, rural population and the low socio-economic status of many of our residents, we recommend that transportation be made easier. People need to be able to access services outside their community without encountering a multitude of barriers.

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Tables

Table 1

Location	Facility/Service	Services offered	Frequency	# of staff
Vitalité				
Cocagne	Cocagne Health Clinic	<ul style="list-style-type: none"> • Health care to the general public provided by a team of two nurse practitioners 	4 days a week (1 or 2 NPs)	2 NPs
Richibucto	Community Mental Health Centre	<ul style="list-style-type: none"> • Assessment • Therapy • Education and support • Intervention • Accompaniment • Rehabilitation • Psychiatric consultations • Suicide prevention and intervention 	5 days a week (Appointments are scheduled based on patient need)	6 registered nurses 4 social workers 2 psychologists 1 occupational therapist
	Public Health	<ul style="list-style-type: none"> • Nutrition • Healthy Families, Healthy Babies • Healthy Toddler Assessment (18 months) • Pregnant women, new parents • Immunization, vaccines 	5 days a week Home visits: Once a week to once a month (as needed)	4 registered nurses 1 dietitian
Sainte-Anne-de-Kent	Stella-Maris-de-Kent Hospital	<ul style="list-style-type: none"> • Food and nutrition • Cardiology • Women's care clinic • Diabetes clinic 	Emergency: 24/7 Services: Nutrition: 4 days Cardiology: 2 days	Emergency: 34 employees 9 emergency physicians 2 dietitians

		<ul style="list-style-type: none"> • Outpatient consultation with specialists • Electrocardiograms • Ergotherapy • Diagnostic imaging • Laboratory/phlebotomy • Indigenous Liaison (seeking replacement) • Speech therapy • Physiotherapy • Spiritual and religious services • Spiritual care • Respiratory therapy • Medical unit • Emergency 	<p>Women's care: 2 days Diabetes: 5 days</p> <p><u>Specialties</u> Geriatrician (1 x. month) ENT (1-2 x month) Orthopedist (4-6 x months)</p> <p>Occupational therapy: 5 days Speech therapy: 4 days Phlebotomy: 5 days Physiotherapy: 5 days</p> <p>The other services are available at all times</p>	<p>1 cardiology technologist 1 ECG technologist 3 NPs</p> <p>1 occupational therapist 1 speech therapist 2 phlebotomists 2 physiotherapists</p> <p>1 pharmacy technician 5 radiology technologists 3 medical laboratory technologists 1 respiratory therapist</p> <p>Medical units: 40 employees + 8 doctors</p>
	Smoking cessation clinic	<ul style="list-style-type: none"> • Overcoming nicotine addiction • Smoking cessation • Vaping cessation 	Patient-requested service	SMKH respiratory therapists who offer the program

	Respiratory health clinic	<ul style="list-style-type: none"> • Information • Education • Breathing rehabilitation • Action plan • Support • Individual or group program 	5 days a week	1 respiratory therapist
	Health clinic	<ul style="list-style-type: none"> • Health care for the public provided by a nurse practitioner 	3 days a week + 1 other day every 2 weeks	1 NP
Saint-Paul	Saint-Paul-de-Kent satellite clinic	<ul style="list-style-type: none"> • Nurse practitioner health care for the general public 	1 day every 2 weeks	1 NP
Horizon				
Rexton	Rexton and area health centre	<ul style="list-style-type: none"> • Smoking cessation • Family medicine • Phlebotomy • Clinical services • Dietitian services 	5 days a week	5 family doctors 2 registered Nurses 1 licensed practical nurse 1 phlebotomist 1 dietitian (one day/month)
Rogersville	Rogersville Health Centre	<ul style="list-style-type: none"> • Smoking cessation • Collaboration with Miramichi Public Health • Family medicine • Speech therapy • Phlebotomy 	5 days a week	2 family doctors 1 registered nurse

		<ul style="list-style-type: none"> • Addiction and mental health services • Clinical services • Dietitian services 		1 phlebotomist (one day/week) 1 speech therapist (one day/week) 1 dietitian (one day/month) 1 speech therapist (one day/month) Mental health professional (upon request)
Elsipogtog First Nation				
Elsipogtog	Elsipogtog Health & Wellness Center	<ul style="list-style-type: none"> • Family medicine • Phlebotomy clinic • Methadone Clinic • Immunization • Women's health • Sexual health • Home care • Mental health and addiction treatment 	5 days a week	5 doctors (on rotation) 5 registered Nurses 4 licensed practical nurses 1 NP 1 dietitian 1 occupational therapist

Medavie

Kent County	Extra-Mural program	<ul style="list-style-type: none"> • Acute care • Chronic care • Palliative care • Home oxygen program • Rehabilitation services • Long-term care 	<p>Availability: 24/7</p> <p>Appointments are scheduled according to the patient's needs</p>	<p>13 registered nurses 2 licensed practical nurses 2 occupational therapists 1 speech language pathologist, physiotherapist, respiratory therapist, rehabilitation assistant, social worker, dietitian</p>
Kent County	Ambulance New Brunswick	<ul style="list-style-type: none"> • Medical Communications Management Centre • Land ambulance service • Air ambulance Service 	<p>Availability: 24/7</p>	<p>50 paramedics</p> <p>1 ambulance per district (Bouctouche, Elsipogtog, Fords Mills, Rogersville, Rexton) + 1 ambulance for transfers only</p>

